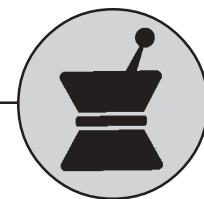


PRESCRIPTION DRUG PLAN - 2007



Administered by PharmaCare • 1-888-347-5329 • www.pharmacare.com

Retail Pharmacy Deductible
\$100/Member
\$300/Family

Mail-Order Deductible
\$0/Member
\$0/Family

Out-of-Pocket Maximums
Each Prescription \$250
Each Member \$1,400/year
Each Family \$2,800/year

| Type of Drug | Local Pharmacy Costs (After Deductible) | Mail-Order Pharmacy Costs |
|---|---|--|
| Supply Amount | • 30-day maximum | • 90-day maximum |
| Generic If Rx cost is <\$10 If Rx cost is \$10+ | • Actual pharmacy charges • 10% coinsurance (\$10 minimum) | • \$20 copay + 10% of cost over \$400* |
| Brand, Formulary If Rx cost is <\$18 If Rx cost is \$18+ | • Actual pharmacy charges • 20% coinsurance (\$18 minimum) | • \$40 copay + 20% of cost over \$400* |
| Brand, Nonformulary If Rx cost is <\$26 If Rx cost is \$26+ | • Actual pharmacy charges • 30% coinsurance (\$26 minimum) | • \$60 copay + 30% of cost over \$400* |

* For prescriptions costing more than \$400 for a 90-day supply, call PharmaCare to determine the total out-of-pocket cost.

GENERAL INFORMATION

INSTRUCTIONS

No separate enrollment is required.

WHO IS ELIGIBLE?

The Prescription Drug Plan is an add-on benefit for all State employees. Any member and dependent enrolled in a medical insurance plan will automatically receive this plan. There is no separate premium for this plan.

PRESCRIPTION OPTIONS

Prescription drugs may be obtained through the plan at either a local pharmacy (30 day supply) or a mail-order pharmacy (90 day supply).

Local Pharmacies

You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy. Retail pharmacy prescriptions are subject to a \$100 per person/\$300 per family deductible. If you use a pharmacy in the PharmaCare Preferred Network and have met your deductible, you only pay the applicable coinsurance. You will have no unallowed charges.

Network pharmacy listings can be found on pages 28-30 of this booklet or on the PharmaCare website at www.pharmacare.com.

Formulary drug listings can also be found at the PharmaCare website.

Mail-Order Pharmacies

You may obtain up to a 90-day supply of all covered prescriptions with **no deductible**.

Mail-order pharmacies are: PharmaCare Direct (1-888-347-5329) or Ridgeway Pharmacy (1-800-630-3214).

Mail-order forms are available at the Health Care and Benefits Division or at the PharmaCare website.

PRESCRIPTION COSTS

Please refer to the chart above for information on prescription drug costs.

PRIOR AUTHORIZATIONS

Some drugs require prior or special authorization. Contact PharmaCare at 1-888-347-5329 to inquire if this may apply to your prescription.

Note:

The deductible does not apply to prescriptions received from one of the mail order pharmacies!